

SERIAL NUMBER <div style="text-align: center;">09/004,544</div>	FILING DATE <div style="text-align: center;">01/08/98</div>	CLASS <div style="text-align: center;">348</div>	GROUP ART UNIT <div style="text-align: center;">2713</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">CT-269</div>
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APPLICANT

KUEI-CHUNG TU, SAN JOSE, CA; YAN LIU, SAN JOSE, CA; JACK OUYANG, CUPERTINO, CA; XIAOPING HU, SAN JOSE, CA; ROGER HSU, FREMONT, CA.

****CONTINUING DOMESTIC DATA*******
 VERIFIED

****371 (NAT'L STAGE) DATA*******
 VERIFIED

****FOREIGN APPLICATIONS*******
 VERIFIED

FOREIGN FILING LICENSE GRANTED 04/02/98

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <div style="text-align: center;">CA</div>	SHEETS DRAWING <div style="text-align: center;">4</div>	TOTAL CLAIMS <div style="text-align: center;">23</div>	INDEPENDENT CLAIMS <div style="text-align: center;">9</div>
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ADDRESS

KENNETH D ALESSANDRO
 D ALESSANDRO & RITCHIE
 P O BOX 640640
 SAN JOSE CA 95164-0640

TITLE

METHOD AND APPARATUS FOR PERFORMING MPEG II DEQUANTIZATION AND IDCT

FILING FEE RECEIVED <div style="text-align: center;">\$1,478</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
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APPLICANT

KUEI-CHUNG TU, SAN JOSE, CA; YAN LIU, SAN JOSE, CA; JACK OUYANG, CUPERTINO, CA; XIAOPING HU, SAN JOSE, CA; ROGER HSU, FREMONT, CA.

****CONTINUING DOMESTIC DATA*******
 VERIFIED

****371 (NAT'L STAGE) DATA*******
 VERIFIED

****FOREIGN APPLICATIONS*******
 VERIFIED

FOREIGN FILING LICENSE GRANTED 04/02/98

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY <div style="text-align: center;">CA</div>	SHEETS DRAWING <div style="text-align: center;">4</div>	TOTAL CLAIMS <div style="text-align: center;">23</div>	INDEPENDENT CLAIMS <div style="text-align: center;">9</div>
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TITLE

METHOD AND APPARATUS FOR PERFORMING MPEG II DEQUANTIZATION AND IDCT

FILING FEE RECEIVED <div style="text-align: center; margin-top: 20px;">\$1,478</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="margin-top: 20px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
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